



Paul Kjellander
Commissioner

Idaho Public Utilities Commission
P.O. Box 83720
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C.L. "Butch" Otter
Governor

November 28, 2012

Marlene Dortch, Office
Office of the Secretary
Federal Communications Commission
455 12th Street, SW, Rm. 5-B448
Washington, DC 20554

RE: Request for Extension of *Waiver Order*, DA 12-863, Released on May 31, 2012

Dear Ms. Dortch:

The Idaho Public Utilities Commission ("IPUC") submits this letter requesting an extension of *Waiver Order*, DA 12-863, released on May 31, 2012. Specifically, the IPUC requests an additional six month waiver of the requirements of sections 54.407(d) and 54.410(e) rules.

In response to a Petition filed by *USTelecom* on April 25, 2012, the Federal Communications Commission ("FCC") issued *Waiver Order*, DA 12-863 granting to several states, including Idaho, a waiver of "sections 54.407(d), 54.410(b)(2)(ii) and 54.410(c)(2)(ii) of its rules that require those states where a state entity is responsible for the initial determination of subscribers' eligibility to obtain certification forms from the state for each Lifeline subscriber before the ETC seeks reimbursement from the Fund."¹ In Idaho, the State Department of Health and Welfare is responsible to make the initial determination of subscribers' eligibility. On its own motion, the FCC extended the waiver to the corresponding section 54.410(e) requirement applicable to specific state Lifeline administrators, including Idaho, for the same extension period.² The FCC granted the above waivers "until the sooner of December 1, 2012 or until the states' processes have been modified to allow for compliance with the rules."³

In the *Waiver Order*, the FCC denied *USTelecom*'s request that the waiver remain in effect indefinitely until the states are able to bring their procedures into compliance with the rules. The FCC stated that "such an open-ended extension would provide no incentive

¹ *Waiver Order* at para. 3.

² *Id.*

³ *Id.* at para. 4

for states to change their processes expeditiously and could indefinitely postpone the benefits of the reforms adopted by the Commission.⁴ To the extent that a state obtaining a waiver as set forth in this section requires additional time to come into compliance, the state or ETCs operating within that state may file an additional request for relief.”⁵

Upon release of the Lifeline Reform Order, the state agencies began in good faith to modify their Lifeline procedure to comply with the FCC requirements. Unfortunately, despite their best intentions, it became evident that the requirement outlined in section 54.410(e) could not be met and that it was impractical to attempt to do so. Idaho has limited personnel and a fixed budget dedicated to the administration of the Lifeline program.⁶ Using available resources and keeping within the established budget, the Idaho Lifeline eligibility process has been modified to comply with the most important eligibility and certification requirements of the *Lifeline Reform Order*.⁷ See the ITSAP/Lifeline Certification Form.

As previously mentioned, the problem posed by the section 54.410(e) requirement for Idaho concerns a fixed budget and scarce resources. Currently, Lifeline subscribers can enroll in several regional offices throughout Idaho. The certification forms are in various formats within these offices and are contained on computers, in paper forms, and within electronic databases. Only essential subscriber information is sent to a centralized location, where the eligible subscriber list is consolidated and electronically forwarded to the appropriate ETC for implementation. See attached copy of the electronic transmittal. The subscriber certification form is retained in the different regional offices. Sending a copy of every subscriber's certification form to the ETCs would require a time-consuming manual process and delay benefits to the subscribers. Because no additional funding is available, there is no immediate plan to automate this process. If an ETC is audited, however, the state's third-party administrator is prepared to provide copies of the subscribers' certification forms.

Additional safeguards are in place to prevent duplicate benefits and fraudulent claims. In addition to proof of income or proof of federal qualifying benefits, the non-tribal eligible subscriber⁸ in Idaho must have existing telephone service and provide a telephone number to be enrolled in the state and federal Lifeline programs. The current process appears to meet the FCC's objectives in the interim and would also continue to meet the same objectives after the December waiver deadline. Idaho's administration of the Lifeline program is done in partnership with the FCC to provide Lifeline services to eligible subscribers in the most efficient manner while protecting against waste, fraud and

⁴ *Id.*

⁵ *Id.*

⁶ The State of Idaho uses a third-party administrator to enroll and re-certify state and federal Lifeline subscribers.

⁷ The compliance activities included a June 1, 2012 database reconciliation process with all Idaho ETCs.

⁸ The state's third-party administrator performs enrollment verification for non-Tribal subscribers who receive both state and federal Lifeline benefits. The State administrator does not enroll subscribers for Limited ETCs (Lifeline only ETCs) or for subscribers living on Tribal lands— these subscribers enroll directly with the ETCs.

abuse. The IPUC does not believe an extension of the section 54.410(e) waiver will in any way negatively impact the program.

If the extension of the waiver is not granted or modified, the Lifeline program will be diminished in Idaho. The 16,000+ Lifeline subscribers will see a significant delay in the enrollment and re-certification process. For this reason, the IPUC believes that granting an extension of the waiver will not only conform to the spirit of the FCC's Lifeline Reform Order, but it is also in the public interest.

For the foregoing reasons, the IPUC respectfully requests that the Federal Communications Commission grant Idaho a six month extension of the USTelecom's Waiver Order.

Sincerely,

A handwritten signature in dark ink, appearing to read "Paul Kjellander", with a long, sweeping horizontal line extending to the right.

Paul Kjellander
President

cc: Julie Veach, Chief, Wireline Competition Bureau
Kimberly Scardino, Deputy Division Chief, TAPD
Genie Sue Weppner, Program Manager, Dept. of Health and Welfare

Attachments:

List of current ETCs
Certification Form
Weekly email list

ATTACHMENT A

IDAHO Eligible Telecommunications Carrier

ALBION TEL. CO. d/b/a ATC COMMUNICATIONS
ALLIED WIRELESS COMMUNICATIONS dba Allied Wireless
BLACKFOOT TELEPHONE COOPERATIVE
CAMBRIDGE TEL. CO., INC.-ID
CENTURY TELEPHONE CO. OF IDAHO, INC.
CENTURYTEL OF THE GEM STATE-ID
CITIZENS TEL. CO. d/b/a FRONTIER COM. OF ID.
CITIZENS TEL. CO. d/b/a FRONTIER COM. OF ID.
COLUMBINE TELEPHONE CO. d/b/a TETON TELECOM & SILVER STAR
COMMUNICATIONS
Cricket Communications, Inc
CTC TELECOM, INC. dba SNAKE RIVER PCS
CUSTER TEL. COOPERATIVE INC.
DIRECT COMMUNICATIONS ROCKLAND, INC.
EDGE WIRELESS (AT&T Mobility II LLC)
FARMERS MUTUAL TEL. CO. LTD-ID
FILER MUTUAL TELEPHONE COMPANY-ID
FREMONT TELCOM CO. d/b/a FairPoint Communications
GOLD STAR Communications
INLAND CELLULAR
INLAND TELEPHONE COMPANY-ID
MIDVALE TEL. EXCH. INC
MUD LAKE TELEPHONE COOPERATIVE ASSN. INC.
OREGON-IDAHO UTILITIES, INC.
PINE TELEPHONE SYSTEM, INC
POTLATCH & TROY TELEPHONE CO. d/b/a TDS TELECOM
PROJECT MUTUAL TEL. COOP. ASSN.
QWEST CORPORATION-NID
QWEST CORPORATION-SID
RURAL TELEPHONE COMPANY-ID
SYRINGA WIRELESS

Virgin Mobile USA LP
T-MOBILE WEST LLC
TracFone Wireless, Inc.

ATTACHMENT B

IDAHO TELEPHONE SERVICE ASSISTANCE PROGRAM (ITSAP) AND THE FEDERAL LIFELINE PROGRAM (LIFELINE) CERTIFICATION FORM

Part 1: Subscriber Information

Date: _____ Applicant's Name: _____
First MI Last

Date of Birth (mm/dd/yyyy): _____ SSN (last 4 digits only): _____

Permanent Physical Address (No PO Box): _____
Street City State Zip

Billing or mailing Address, if different than above: _____

Telephone Service Provider: _____ Telephone No.: _____

Part 2: Benefits Information

☐ Household at or below 135% of Federal Poverty Level* No. of people in household: _____

I receive benefits from the following program(s): *(Check all programs and provide proof)*

- | | |
|---|--|
| <input type="checkbox"/> Food Stamp Program (SNAP) | <input type="checkbox"/> Low-Income Home Energy Assistance Program (IHEAP) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Federal Housing Assistance (Section 8) | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> National School Free Lunch Program | |

☐ I do not receive benefits from the program(s) listed above. The full name of my dependent or member of my household who does receive benefits from the program(s) listed above is:

First MI Last

****Proof of income:*** Prior year's state or federal tax return; 3 consecutive months of most recent income statements from paycheck stubs; Social Security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; Unemployment or Workers' Compensation statement; divorce decree; child support document; or other official document containing income information.

Part 3: Eligibility Certification and Information Release

- ☐ I understand Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- ☐ only one Lifeline service is available per household;
- ☐ a household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- ☐ violation of the one-per-household limitation constitutes a violation of the program rules and will result in the subscriber's de-enrollment from the program; and
- ☐ Lifeline is a non-transferable benefit and the subscriber may not transfer the benefit to another person.

By signing this form, I certify under penalty of perjury that I understand and agree to all of the following:

- ☐ I meet the income-based or program-based criterion as set forth above and have provided the appropriate documentation;
- ☐ I will notify my service subscriber within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support, or I am receiving more than one ITSAP/Lifeline benefit, or another member of my household is receiving a ITSAP/Lifeline benefit;
- ☐ If I move to a different address, I will provide that new address to my service provider within 30 days;
- ☐ If I provided a temporary address, I will verify with my service provider the temporary residential address every 90 days;
- ☐ To the best of my knowledge, no one in my household is receiving a Lifeline service;
- ☐ The information contained in my ITSAP/Lifeline application form is true and correct to the best of my knowledge;
- ☐ I acknowledge that providing false or fraudulent information to receive ITSAP/Lifeline benefits is punishable by law; and
- ☐ I acknowledge that I may be required to re-certify my continued eligibility for ITSAP/Lifeline benefits at any time, and my failure to recertify my continued eligibility will result in de-enrollment and the termination of my benefits.

_____ Under penalty of perjury, I certify that the information contained in the application and on this form is true and correct; the household at the address listed on this form, only receives ITSAP and Lifeline benefits from a single service provider.

_____ I hereby authorize CAPAI and my service provider to release any information contained in this Application that may be required for the administration of the Lifeline program to the FCC or its designee, including the Universal Service Administrative Company, and to any state and federal agency, as required by law.

_____ I understand that if I do not consent to the release of my information I will not receive the Lifeline benefits.

Applicant's Signature

Date

Confirmation by: E-signature _____ Voice _____ Email _____ Text _____

Income and Benefits Program Information Verified by: _____

ITSAP/Lifeline Re-certification Date _____

ATTACHMENT C

...1569	12/26/1949	ALLRED	DUSTY	834 MONTANA ST	GOODING	ID83330	2089345518	11122012	Y
...5712	6/25/1947	SAWYERS	MARY	960 W MAGIC RD 2	SHOSHONE	ID83352	2084872005	11122012	Y
...6233	1/31/1962	SCHOESSLER	LAURESA	1953 S1000 E.	BLISS	ID83314	2083521118	11122012	N

Note: In order, from left to right: SSN/DOB/Last name,/First name/Address/City/State-zip/Telephone No./Effective Date/Eligibility (Y-income, N-Federal Program)

This sample, intended for CenturyLink, contains new Idaho Telephone Service Assistance Program (ITSAP) and Lifeline subscribers approved by the Dept. of Health and Welfare and CAPAI. A new Lifeline subscriber must have existing telephone service and an associated telephone number. The third-party administrator emails a weekly update to the ETCs